

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09781584	FILING DATE 6/2/09/01		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61	1	
12							62	1	
13							63	1	
14							64	1	
15							65	1	
16							66	1	
17							67	1	
18							68	1	
19							69	1	
20							70	1	
21							71	1	
22							72	1	
23							73	1	
24							74	1	
25							75	1	
26							76	1	
27							77	1	
28							78	1	
29							79	1	
30							80	1	
31							81	1	
32							82	1	
33							83	1	
34							84	1	
35							85	1	
36							86	1	
37							87	1	
38							88	1	
39							89	1	
40							90	1	
41							91	1	
42							92	1	
43							93	1	
44							94	1	
45							95	1	
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.	10	
TOTAL DEP.							TOTAL DEP.	24	
TOTAL CLAIMS							TOTAL CLAIMS	34	